



4719 Viewridge Ave, Suite 220
 San Diego, CA 92123
 P: (858) 386-4811
 F: (888) 315-3652
 E: support@fivestarescrow.com

REFINANCE ORDER FORM

Date: _____ Escrow No. _____

Opened by: _____ Acceptance Date: _____ Closing Date: _____

Loan Processor: _____ Email: _____

Loan Officer: _____ Email: _____

Title Company: _____ Title Rep: _____

Borrower: _____ SSN: _____

Borrower: _____ SSN: _____

Borrower: _____ SSN: _____

Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: City: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Is it OK to contact borrowers directly? _____

New Loan Amount 1st: \$ _____ New Loan Amount 1st: \$ _____

SPECIAL INSTRUCTIONS: _____

IMPORTANT: Please fax borrower authorization and fire insurance information

1st Payoff Lender: _____ Phone #: _____

Loan # _____ Principal Balance: \$ _____

2nd Payoff Lender: _____ Phone #: _____

Loan # _____ Principal Balance: \$ _____

Insurance Company: _____ Policy No. _____ Phone: _____

TITLE TO COMPLETE

Title Order #: _____

Please order Legal & Vesting / FAX to (888) 315-3652

Please e-mail Prelim to:

support@fivestarescrow.com